2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Feb 13, 2008
Secretary of State

DOCUMENT# P01000119806

Entity Name: CHITTAGONG ASSOCIATES, INC.

Current Principal Place of Business:

2402 N DIXIE HWY STE 11-12
LAKE WORTH, FL 33460

New Principal Place of Business:

Current Mailing Address:

2402 N DIXIE HWY STE 11-12
LAKE WORTH, FL 33460

New Mailing Address:

FEI Number: 65-1159885 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KHANAM, HEMA
2402 N DIXIE HWY STE 11-12
LAKE WORTH, FL 33460 US

Name and Address of New Registered Agent:

UDDIN, MD N
2402 N DIXIE HWY STE 11-12
LAKE WORTH, FL 33460 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MD N UDDIN 02/13/2008
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: KHANAM, HEMA
Address: 5670 W ATLANTIC #101
City-St-Zip: DELRAY BEACH, FL 33484

Title: DV ( ) Delete
Name: SATTAR, MOHAMMAD
Address: 1815 LAKE AVE
City-St-Zip: WEST PALM BEACH, FL 33401

Title: DS ( ) Delete
Name: REAZ, MOHAMMED
Address: 765 SW MCCOMB AVENUE
City-St-Zip: PORT ST LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HEMAKHANAM DP 02/13/2008
Electronic Signature of Signing Officer or Director Date